FOR STATE HEAL

director. Page or your files. MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay the fine tilificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the functional two death of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained to the Chief Medical Examiner's Office along with form PM3. 4 should 0

VS. A15M 5M 2/57

T.			60								Keg. D	IST. NO	
	1, PLACE OF DEATH 6. COUNTY St. Mary's MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's						
1		Hollyw	ood		c. LENGTH OF STAY I		c. CITY OR		f autside cor	porate limits, write			
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						d. STREET A	ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	John		Middle dgar	Bak			4. DATE OF DEATH	Februar		Doy	Yeor 19 58
		Male		/IDOWED	DIVORCED [Ja	nuary	2,1		9. AGE (In years fair birthday) 59 yrs.	Menths Menths	-	IF UNDER 24 HRS. Hours Min.
		USUAL OCCUPATION IN THE PRINCIPLE OF WORKING WORKING WORK THE STATE OF THE PRINCIPLE OF THE	N (Give kind of work don g life, even if retired) L Air Stat		Steam H	eat	Pe	nnsy	lvan	La		S.A	WHAT COUNTRY
1	13.		rank E. Ba	ker		14	I. MOTHER'S		Har	rott			
	15. [Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SC	OCIAL SECURITY NO.		RMANT			Address .lywood,			
		PART I. DEAT	iate couse	per line for	A	V	100	cel	uss	-		INTERVONSET	val BETWEEN I AND DEATH MMLLey
0	CATION	(a), stating the uncause last. PART II. OTH	(c)	IONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
- 1	L CERTIF!	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS 20b. (DESCRIBE F	OW INJURY OCCUR	RED. (Enter	nature of inj	jury in Par	l or Part II	of item 18.)		71	
	MEDICA	20c. TIME OF INJUR Hour a. m. p. m.	19	While of work	Nat while of work	factory,	OF INJURY (H street, affice	bldg., etc.)		(Cov		(State)
			of I took charge of				Suicide	, I	-lomicide	nspection 🔏,		nonner	and in my
2		SIGNATURE 4	mon	0/	Jugal	M	.0.		AMINER AL EXAMINE	R [T]			DATE STOTES
		EXAMINER'S WI	lliam D. I	Boyd	M.D.				EXAMINER 5			2/1	6/58
	I	BURIAL CREMATION	2/19/58	22	Joy Char		MATORY			JWOOd,	or county)	ryl	(State)
- 4		Clarke I	signature Mattingley	Leon	address nardtown,	, Md.			FEB 2 0		STRAR'S SIG	7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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BUREAU V. S.

FEB 20 1958

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TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is execute the Artificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should by "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permail. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar remover, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		ME	DICA	L EXAMIN	VER'S	CERTIFIC	CATE	OF DI	EATH	Reg.	Dist. No	02378
1.	COUNTY St.	Mary's	386	MAI	RYLAND	2. USUAL RESIDEN	aryla		ved. If institu			fore admission) Ary 1 S
1	callaway	sutside corporate limits, write)	RURAL	17 yrs		c. CITY OR TOV		de corporole	e limits, write	RURAL or	nd give n	earest lown)
(I. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street oddr	(652)	d. STREET ADDR	RESS					e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	De]		Manda	В	arber	4. DA	F	ebrua		19,	Yeor 19 58
5. S	emale	6. COLOR OR RACE	7. MARRIE	DIVORCE			380	9. A	GE (In years to birthday) 77 yrs.	IF UNDE Months	R TYEAR Doys	1F UNDER 24 HRS. Hours Min.
100	. USUAL OCCUPATION of Working Most of Working House	ON (Give kind of working life, even if refired) WITE	done 10b. K	ind of business o Home	R INDUST	11. BIRTHPLACE Mary	(Stote or for land	reign countr	у)		S. A	WHAT COUNTRY?
13.	FATHER'S NAME	oseph M.	Barb	er		Sarah		well				
15. {Yes	WAS DECEASED EV.	ER IN U. S. ARMED FO It yes, give war or dotes of		None		tthew Ba	arber	Cal	Address Llaway		aryl	Land
NO	3 3 / X Conditions, if o gove rise to immed (a), stoling the cause last.	diote couse	DITIONS CO			OT RELATED TO THE				VEN IN PA	RT 1(o) 11	P. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. EXTERNAL CAL PRIMARY [] or COL CAUSE OF DEATH.	USE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture of injury i	in Port I or I	Port II of ite	em 18.}			res No 1
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yee	20d. II While of wor	Not while	20e. PLAC	CE OF INJURY (Home ory, street, office bldg	, form, 20f	. (City or Ic	own)	(Ce	ounty)	(State)
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: 1	Natural c	ouses D. Accord M.D.	ident [M.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDIC	AL EXAMINICAL EXAMINICAL EXAMI	er Miner Ner		ermined	ry Dranne	-
	BURIAL CREMATIC REMOVAL (Specify) Burial		F	Holy Fa	ace	CREMATORY			(City. town, Mills		ryl	(Stote) and
23. W	FUNERAL DIRECTOR	's signature Mattingle	y Lec	ADDRESS nardtown	ı. Me		FEB 2 5	REGISTRAR	24b. REGI		GNATUR	

BUREAU X. S.

FEB SE 1950 .



Terks became a substitution of the

2387 CERTIFICATE OF DEATH Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND erol b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest) (wn) pe RURAL and give nearest town) D 277 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TO 20 NAME OF First Middle Last 4. DATE Day Month Year DECEASED (Type or print) DEATH 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED [DIVORCED [yrs. 100. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici OL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH du DUE TO mit. Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY burial-tr PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a. ft. While Not while at work at work p. m. 21. I certify that I attended the deceased from 192 Othat I last saw the deceased alive on and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL CREMATION. 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City lawn, or county) (State) TEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRA 246. REGISTRAR'S SIGNATURE VS A15 (4) Leonardlown DATE

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55 M

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	MARYLA	ND S	STATE DEPARTM	ENT OF HEALT	H-BALTI	MORE, 1	8	
	23	88	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. No	. 02380
1. PLACE OF DEATH o. COUNTY St.	Mary's		MARYLAND	2. USUAL RESIDENCE (MO. STATE Mary]	The state of the s	b. COUNTY	n: Residence bef	
RURAL and give nea	outside carporate limits, arest lown) CSVILLE	write	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write RU	RAL ond give ne	earest town)
	AL (If not in hospital, give	street ac		d. STREET ADDRESS	CSVIII	е		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	First Chri	sto	Middle pher Walton	Carrico	4. DATE OF DEATH	Feb.	3.	Pay Yeor 1958
5. SEX Male		MARRIE		B. DATE OF BIRTH	9.		Mooths 28	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION	N (Give kind of work doning life, even if retired)	-	IND OF BUSINESS OR INDUS	Vir	rginia			OF WHAT COUNTR
Walton Ch	nristopher		arrico		Elizabe			
15. WAS DECEASED EVER (Yes, no, or unknown) NO	IN U. S. ARMED FORCES f yes, give war or dates of service	lo lo	OCIAL SECURITY NO. 17. 11 9–16–4808E1:		ene Car	rico M		csville,
Candilians, if an gave rise to im cause (a), staling the lying cause last.	mediate (DUS TO	ar Or	terw-c	leroses	un			NSET AND DEATH
PART II. OTHE	COLUMBERLYING [] 20	12	ENTRIBUTING TO DEATH BUT	+ Centr	sel Fr	lows	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Oc. TIME OF INJURY Haur a. ji.	Month, Day, Year	20d. INJ While of work	Nat while fac	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City or	town)	(County	r) (State)
21. I certify the alive anACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Li lattended the de	12	d from 3 Fel	occurred of 8.20		he causes ar 1, city or tawn, st	nd on the do	saw the decease ate stated above DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify)	2/5/58		2c. NAME OF CEMETERY OF St. Joseph		Morgar	N (City, town, or		yland
23. FUNERAL DIRECTOR'S W. Clarke 1		Le	address onardtown,		PEB 7	8 24b. REGIST	RAIL'S SIGNATU	IRE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	moy be retained by the haspital ar attending physician. TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shaw, be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with	the registrar priar to burial, crematian, ar removal, and in any event within 72 bours after death.
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2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTSt. Mary's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Piney Point x
d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO
asey Lost 4. DATE Month Doy Yeor DEATH February 17, 19 5
B. DATE OF BIRTH Dec. 29, 1869 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours Mannihs Mannih Mannih
USTRY 11. BIRTHPLACE (Stote or foreign country) Washington D.C. 12. CITIZEN OF WHAT COUNTY U.S.A.
14. MOTHER'S MAIDEN NAME
Rose McGinire
arie Redman Valley Lee, Maryla
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES NO
ED. (Enter nature of injury in Part I or Part II of item 18.) PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Statesty, office bldg., etc.)
h accurred at PM, fram the causes and an the date stated ab ADDRESS (Street, city ar town, state) DATE SIGN.D.
Great Mills, Maryland
OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

VS A15 (4)

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		MARYL	DICA	L EXAMINER'S	CERTIFICA	TE OF	DEATH		st. No. ()	2382
	LACE OF DEATH	St. Mary'	s	MARYLAND	2. USUAL RESIDENCE	Where deced	sed lived. If Institu	ution: Reside		odmission)
Ь	city or town (if and give nearest town)		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor		RURAL ond	give neare	it town)
ď	. NAME OF HOSPITA	AL OR INSTITUTION (f not in ho	spital, give street address)	d. STREET ADDRESS					IS RESIDENCE
1	NAME OF DECEASED Type or print)	Edward		Andrew G	arner Jr.	4. DATE OF DEATH	Februar		Doy 1,	Year 19 58
5. S	EX Male	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED 8.	Oct. 23,19	38	9. AGE (In years last birthday) 19 yrs.	Months	YEAR IF L	INDER 24 HRS.
0	Climber	ON (Give kind of work of the party of the pa		KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SIGN		country)		S.A	AT COUNTRY?
13.	FATHER'S NAME	Andrew Ga	mnon		Jane Br		Thompson	^		
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	ewer.	Address			
(Yes,	No No	(If yes, give wor or dates of	service) 2	15-36-3354 E	dward A.	Garne	r Holly	wood,	Mar	yland
	PART I. DEAT	iote couse		tor (a), (b), and (c).]	Basalar f	ractu	re of s	kull	interval a onset and	ediate
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	None	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W PE YES [RFORMED?
RTIFIC	20g. EXTENDAL CAU	SE WAS	b. DESCRIBI	E HOW INJURY OCCURRED. (E	nter nature of injury in Po	ort I or Port I	of item 18.)	7		
MEDICAL CE		2/1/19 at I took charge	58 of we	ent off road NJURY OCCURRED Not while Sta remains described above , Accident Suice	te Of INJURY (Home, for any, street, office bldg., et te Route 2 ve, held an Autop	m, 20f. (Circle) 235 Ca sy, I	y or town) Aliforni	.a.St	nty) Mary	(Stole) (Stole) (Stole) (Stole) (Stole)
	ACTUAL SIGNATURE	21/m	W	Boy	_M.D. CHIEF MEDICAL E	_			DA	TE SIGNED
	. , , ,	William I		yd. M.D.	DEPUTY MEDICAL	EXAMINER	X		2/1	/58
		2/4/58	F	St. John's	CREMATORY		Iywood,	70.00	ryla	nd
	Clarke		y Le	onardtown, M		D BY REGIS	TRAR REGI	STRAR'S SIG	NATURE	

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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2391	CERTIFIC	ATE	OF	DEATH
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P.B. Robinson - Leonardtown,

			23	391	CERTI	FICAT	E OF D	EATH			Reg	g. Dist. N	10. 112	383
1,	PLACE OF DEATH a. COUNTY	St.	Mar	ys.	MARY	rLAND 2	- CTATE	ence (who		d lived. If institu b. COUNT			fore admiss Ma y	
	b. CITY OR TOWN I RURAL and give of Gre			ls, write	c. LENGTH OF STAY	IN 1b	_	own (If our		orote limits, write LS	RURAL	and give r	nearest town	.)
	d. NAME OF HOSPI OR INSTITUTION				ddress)		d. STREET AD	ural						FARM?
	NAME OF DECEASED (Type or print)	747.2	Fir		Middle		lost	_	4. DATE OF DEATH		onth /	0 /	,	Year
_	SEX	6. COLOR	OR RACE	7. MARRI	ED NEVER MARRI	ED 8. 1	Garne:		001	9. AGE (In year last birthday)	Mon		AR IF UNDE	R 24 HRS. Min.
100	M& Le	ON (Give kir	nd of work	WIDOWE	D DIVORCE		Oril 2	7	r fareign c	OUntry)		2. CITIZEN	OF WHAT	COUNTRY
	farmi farmi father's NAME	king life, eve	in if retired		erm tener	nt	1	ryla	ad			USA		
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	WAS DECEASED EV		RMED FOR	CES? 16. S	SOCIAL SECURITY NO		DESTRUCTION OF THE PARTY		arne	~	dress	Mill	s. M	a
Z	PART I. DE. 2 0 3 X Conditions, if a gave rise to couse (a), stoling lying cause lost.	ATH WAS CA IMMEDIAT any, which immediate i the <u>under-</u>	CUSED BY: E CAUSE (o DUE TO (b) DUE TO	, /	for (o). (b), and (c)	aio Le Y	malo	ma				00	STERVAL BE NSET AND	PRO.
CERTIFICATION	20a. ACCIDENT WOR CONTRIBUTION	AS UNDERLY	ING OF DEATH		ONTRIBUTING TO DE						PIVEN IN	4 FAKT 1(0)	PERFO	RMED?
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month,	Day, Ye	20d. IN While of wark	Not while of wark	20e. PLACE factor	OF INJURY (H y, street, office	lome, farm, bldg., etc.)	20f. (Cit	y or tawn)		(Caunt	у)	(State)
	21. I certify to alive on F. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jr. 8	med the	19.5 ah	-0	death a	., 1957, ccurred at	xiv	DDRESS	on Park	and on, state)	met the c	late state	
220	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. D	2/10	/58	Holy		REMATORY Cemet			Great N		unty)	(Stot	e)
23.	FUNERAL DIRECTO	S SIGNATU	RE		ADDRESS			24a. REC'D	BY REGIS	TRAR 246. REC	GISTRAR	S SIGNAT	URE	

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CONTROL OF THE PARTY OF THE PAR	may be retained by the haspital ar attending physician.	TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director,	page 3 sha be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 3 shauld be filed. with	+

								Reg. Dis	T. No.	- 0 0 4
1. PLACE OF DEATH		distri		2. USUAL RES	IDENCE (WI	here decease	ed lived. If institution	on: Residenc	e before o	dmission)
. St	. Marys		MARYLAND		Maryl	and	b. COUNTY	St.	Mary,	S
b. CITY OR TOWN (If or RURAL and give near	itside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (If	outside corp	orate limits, write R	URAL and g	ive nearest	town)
Tall Tin	bers		15 yrs.		Tall	Timb	ers			
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street	address)	d. STREET	ADDRESS				e. 13	S RESIDENCE
	Rural	977		1	Rural					S NO 3
3. NAME OF DECEASED	Firs	1	Middle	Le	ist	4. DATE	Mon	th	Day	Yeor
(Type or print)	Dora		Marie	Goetz	е	OF DEATH	Februar	v 9		1958
5. SEX 6	COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. DATE OF BIR	ГН		9. AGE (In years last birthday)			UNDER 24 HRS
female	white	WIDOWE	DIVORCED [9/ 30	/ 186	52	95 yrs.	Months	Days H	ours Min.
10o. USUAL OCCUPATION during most of working	(Give kind of work d	one 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTH	LACE (State	or foreign	country)	12. CITI	ZEN OF W	HAT COUNTR
housewif		10	domestic	G	erman	īV			US.	A
13. FATHER'S NAME				14. MOTHER		~				
	A. Niens	sted	t		Unk	mown				
15. WAS DECEASED EVER IN	U. S. ARMED FOR	ES? 16.		INFORMANT	V.112		Addr			
no	es, give wor or dates of se	(W)CB)		Freder	ick G	foetz	e - 2225	-Ch	este	rfield
18. CAUSE OF DEATH	[Enter only one cou	se per lir	ne for (a), (b), gnd (9.)	2	^			Balt	TINTERV	IL BETWEEN
PART I. DEATH	WAS CAUSED BY:	(0-	elval 1/a	reulen	1)10	1 del			ONSET	AND DEATH
334x"	MEDIATE CAUSE (a)			~ ~		200			10	P
Conditions, if ony,	unklak V	6	Consender . 1	arten	-7:	0			12	1/201
gove rise to imm	ediote (OUS TO	1	- Colonia	00,000	0 1	cen	~~			Y
lying cause lost.	under-	1								
	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE YERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 12. V	VAS AUTOPSY
ATIO									P	ERFORMED?
20a, ACCIDENT WAS L	INDERLYING []	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in	Part Lor Pa	rt II of item 18.)		1 12	3 II NO IA
PART II. OTHER 20a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH									
		r 20d. IN	NJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form	20f (Cit	v or town)	10	ounty)	(State)
Hour a. n.	19	While	Not while	foctory, street, offi	e bldg., etc	.)	,	,,	.0011177	(Sidie)
₹ p. m.		at wor	k at work		~ ()	19				
21. I certify that	I attended the	decease	-	7-7	, to_7	oles				the decease
alive on	elmy	_ 19_	and that dea	th occurred a			m the causes a	nd on th	e date s	tated abov
ACTUAL	880	116	6	D4.	0	ADDRESS (S	street, gity or town	stote)	10	DATE SIGN
SIGNATURE	rer f.	Je		_M.D. /	1301	4911	4 KeXI	K, Me	7. 1	det. S
PHYSICIAN'S EX	-nest j	0/	Pehm, M.	2-						
220. BURIAL, CREMATION,	22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town, o	r county)		(State)
BURTAT CITY	2/12/	58	Immanue	1 Cemet	ery	В	altimore	. Md		
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS		_	D BY REGIS		TRAR'S SIG		
HENRY SANI	ER & SO	NS I	NC. BALTIMO	DRE MD.	DATE F	EB13'	58 (Lesus	2.4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tems 8.9 FilmG226 3-3-58 et

CERTIFICATE OF DEATH 02385 2393 Reg. Dist. No.

o. COUNTY	Mary's	MARYLAND	o. STATE Mary	_	b. COUNTY	t. Mar	fore admission)
	If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		limits, write RUR	AL ond give no	earest town)
	rdtown	3 days	X Leona	rdtown			
	TAL (If not in hospital, give	street oddress)	d. STREET ADDRESS				. IS RESIDENCE
OK INSTITUTION	St. Mary's	Hospital					YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	0	Day Yeor
(Type or print)	John	H.	Gordon	DEATH	Feb.	16.	19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.			R IF UNDER 24 HRS
Male	Colored w	IDOWED DIVORCED	May 7,11878	1871 8	7 86 yrs.	Months Days	Hours Min.
	ON (Give kind of work don- king life, even if retired)	e 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SION	e or foreign count	7)	12. CITIZEN	OF WHAT COUNTR
Handy I		House	Maryl	and		1	J.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Cornelius	Combs	Mary Gor	don			
15. WAS DECEASED EVI	R IN U. S. ARMED FORCES		INFORMANT		Addres	3	-0-40-1
No	(in yes, give war or adies or service		amie Gordon	Leona	ardtown	. Mary	rland
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c).]		- 0		IN.	TERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mao	plas my	of box	re	ON	SET AND DEATH
196.9	DUE TO	-	(7
Conditions, if a	any, which) (b)_						
gove rise to	immediate (
couse (o), stating lying couse lost.	(c)						
Z PART 11. OT		IONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(o)	
Ĭ.	artiose	leration Hea	It Dining	of Mes	shroni		PERFORMED?
PART 11. OT	AS UNDERLYING 201	b. DESCRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in	Port I or Port II	of item 1B.)		
UR CONTRIBUTION	CAUSE OF DEATH						
3 20c. TIME OF INJUI	RY Month, Doy, Year		PLACE OF INJURY (Home, for		town)	(County	(Stote)
20c. TIME OF INJUI	19	While Not while of work O	foctory, street, office bldg., et	(c.)			
		eceased fram Murch	1949, to 7	=1-11	10.55	that I last a	and the decem
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dive on		d and mar deal	in accorred dianage		, city or town, ste		DATE SIGN
ACTUAL	ANI	11/13 D					
SIGNATURE		70	_ M.U				
PHYSICIAN'S NAME (Type)	William I	Boyd M.D.	Leonar	dtown,	Maryla	nd	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			V (City, town, or		(Stote)
Bur Tal Specify	2/20/58	St. Aloys		1 -	ardtown		ryland

240. REC'D BY REGISTRAR FEB 2 0 '58

246. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE
W.Clarke Mattingley Leonardtown, Md.

the funeral director, should be filed with hours after death. TO FUNERAL

PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4

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		94		MENT OF HEALT			Reg. Dist. N		2386
1. PLACE OF DEATH o. COUNTY St	. Mary's		MARYLAN	2. USUAL RESIDENCE (Vo. STATE Mar	where deceased i	ived. If institution b. COUNTY		efore odmis	100
b. CITY OR TOWN RURAL and give		ls, write	c. LENGTH OF STAY IN 1		f outside corporo			nearest taw	n)
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Rola		Middle Elid	Heard	4. DATE OF DEATH	Month	6	Day	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED		0,1884	4	F UNDER 1 YE		ER 24 HRS
100. USUAL OCCUPATION during most of wo	rking life, even if refired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto	te or foreign cour	ntry)	12. CITIZEN	S.A.	COUNT
13. FATHER'S NAME	Joseph E.	Не	ard	Nina L.		on		4	
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s			Informant Sinclair Hea	rd L	Addre		Md.	139
PART 1. DE 33 1 X Conditions, if gove rise to couse (a), stating lying cause lost.	the under-	9	en bral h	enarrhye arteris	seler	oris	O O	TERVAL BE NSET AND 3 has	DEATH
PART II. OT	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	UT NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVE	N IN PART I(o)	19. WAS	AUTOPSY RMED?

Q. F1.

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20f. (City or town)

(County)

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MEDICAL

ot wark at work 21. I certify that I ottended the deceased from

195 S. that I last sow the deceased

(Stote)

ACTUAL

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Great Mills, Maryland

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, BI REMOVAH (Specify)

22b. DATE THEREOF 18

P.J.Bean M.D.

22c. NAME OF CEMETERY OR CREMATORY Our Lady's

22d. LOCATION (City, town, or county) Medley's Neck.

(State) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Clarke Mattingley Leonardtown, Md.

240. REC'D BY REGISTRAR FEB 1 DATE

24b. REGISTRAR'S, SIGNATURE

M, from the couses and on the date stated above.

VS A15 (4) 15M 9/55

may be retaine TO FUNERAL

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

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Then please

ECTOR: After this certificate has been signed by

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the registrar prior

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the funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the attending physician and campletely filled Then please remove carbon papers. Pages 1 crematian, ar remayal, and in any event within 72 haurs after death. for use as the burial-transit ECTOR: After TO HOSPITAL OR may be retaine page 3 shouthe

		MARY	LAND	STATE DEP	ARTM	ENT OF HEALT	H-BAL	TIMORE, 1	8			
0		239	95	CERT	[IFIC	ATE OF DEAT	Н		Reg. Di	ist. No	023	387
	LACE OF DEATH D. COUNTY St	. Mary's		MA	RYLAND	2. USUAL RESIDENCE (W o. STATE Mary	- 7	b. COUNTY			re odmis	sian)
ı	RURAL and give n	(If autside carporate lim nearest town) .ardtown	its, write	c. LENGTH OF STA		c. CITY OR TOWN (IF			URAL and	give ne	arest taw	n)
	OR INSTITUTION			oddress)		d. STREET ADDRESS				14	ON A	SIDENCE A FARM?
- 1	NAME OF DECEASED Type or print)	Paul	ine	Midd C k ara		lost lowlett	4. DATE OF DEATH	Feb.	th	4.	•	Year 19 58
	emale	6. COLOR OR RACE White	WIDOW		CED 🔲	B. DATE OF BIRTH April 7,19	09	9. AGE (In years last birthday) 48 yrs.	Months 2		IF UND Hours	ER 24 HRS Min.
	Cook	rking life, even it refired	3) _	KIND OF BUSINESS Tug Stor		STRY 11. BIRTHPLACE (Store Kentuc	ky	ountry)		S.		COUNTR
	FATHER'S NAME	Joseph W				14. MOTHER'S MAIDEN	abeth	Unknow	m			
15. Yes	WAS DECEASED EVE no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	SOCIAL SECURITY N		ohn T.Matti	ngly	Leonard		. M	arv	land
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	111	ne for (a), (b), and (i		Failure				INTI	RVAL BE	
	Conditions, if a		, C	ardiae a	rest	Coperation +	ardiae	massage)	1	/28/	158
7	cause (a), stating lying cause last.	the under-	, Cho	legsteet	my r	Removal of 4	Home fr	im Comme	n Jus	*	1/28	158
ICATION						NOT RELATED TO THE TERM			EN IN PAR	T 1(o) 1		AUTOPSY RMED?
2	(IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Part I or Part	II of item 18.)				
MEDICA	20c. TIME OF INJUI Hour a. j., p. m.	RY Manth, Day, Ye	While at wor	NJURY OCCURRED Not white k af work		ACE OF INJURY (Hame, farm trory, street, office bldg., etc		or tawn)	(0	Caunty)		(State)
4	03 1 .10 .1			P. C. Indian	1 -	n		e many	9			

Hour a. fi. p. m.	While	Not while of wark	factory, street, office bldg., etc.)	(County)	(2101
21. I certify that I at	tended the decease	d from Du	25, 1957, 10 Febr. 4	19 58, that I last saw the	decea

ADDRESS (Street, city or town, state)

ADDRESS (Street, city or town, state)

DATE SIGNED Dehat & Fin

SIGNATURE POR	y 1 7 richs	M.D. Leour atom Ma,
PHYSICIAN'S Robes	T. V. Fuchs	Leonardtown, Md.

220. BURIAL, CREMATION,
BUT 1 (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, fown, or county) (State) 6 St. Aloysius Leonardtown Maryland 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR W. Clarke Mattingley Leonardtown

VS A15 (4) 15M 9/55

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> HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4	may be retained by the hospital ar attending physician.	JR: Afte	tached	the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2396 CERTIFICATE OF DEATH

OF	DEATH	1					Reg	Dis	t. †	Y0.	2	3	8	3	5
44 85	CIDENIAE ALA		-	1.42	 		 -			-		_			ě

1. PLACE OF DEATH o. COUNTY St. Marys Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) Morganza	* Morganza
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Rural	Rural YES NOTE
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Mary Edith	Johnson Death February 9 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	12/ 15/ 1873 S4 yrs. Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark done during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY)
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Morgan	Mary C. Mattingly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT Address
(Yes, no, or unknown) (If yes, give wer or dates of service)	eonard B. Johnson - Morganza, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-]	
BART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) 6 Grace	noma of colon 3 you
DUE TO	ich metastais to line
Conditions, if any, which gave rise to immediate (b)	47 1001000 10000
cause (o), stoting the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While Nat while face at work at wark	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
Hour a. ft. p. m. 19 While Nat while fac	tary, street, affice bldg., etc.)
21. I certify that I attended the deceased from May	, 1954, ta Jeb 7, 1958 , that I last saw the deceased
7 6 0	
did dedin	ADDRESS (Street, city or town) story
SIGNATURE LA Dy Susphin	no. Mechanicsville, In &
PHYSICIAN'S J. Roy Guyther, MD	Mechanicsville, Md .
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 2/11/58 St. Joseph	h Cemetery Morganza, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE
P.B. Robinson - Leonardtown, Md.	DATE FEB 1 3 '58 Cll Leduch

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5M 9/55

112389

	0207				Reg. Dist. No.	
1. PLACE OF DE	EATH 2091		2. USUAL RESIDENCE (W	/here deceased lived. If Institu	ation: Residence befo	re admission)
o. COUNTY	St. Mary's	MARYLAND	o. STATE Mary	land b. COUNT	Ht.Mar	y's
b. CITY OR TO	OWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporale limits, write	RURAL and give ne	arest town)
	ardtown	D.O.A.	X Hollyw	rood		
d. NAME OF	HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	St. Mary's Hospi	tal				YES 🔀 NO 🗌
3. NAME OF DECEASED (Type or print	Joseph	Elmer M	attingly Jr	4. DATE Month OF PEATH Februal		Year 19 58
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
Male	White WIDOWE	DIVORCED A	lov. 8, 193'	1 lost birthdoy) 20 yrs.	Months Days	Hours Min.
during most q	CUPATION (Give kind of work done 10b. K f working life, even if retired)		a la contra de			WHAT COUNTRY
Truck		ay Tag Gas	Maryl		U.S.	A.
13. FATHER'S N			14. MOTHER'S MAIDEN N			
	seph Elmer Mattir	Table 1		ves Wood		
15. WAS DECEA	ASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	THE RESERVE	
Natio	onal Gaurd 2	17-34-2405 Ja	oseph E.Ma	ttingly Holl	Lywood, 1	Md.
18. CAUSE	OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	Hamilton III		INTERV	AL BETWEEN AND DEATH
PART	I. DEATH WAS CAUSED BY: Sev	er crushing	injury of	chest	55	min.
523	X DUE TO					
Conditions	s, if any, which) (b)					
	o immediate cause					
cause lost.	a me onderlying					
Z PART	II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	VEN IN PART 1(a) 19	
PART OLE V PRIMARY CAUSE OF					YI	PERFORMED?
20a. EXTE	AL CAUSE WAS FOR CONTRIBUTING DEATH. 20b. DESCRIBE	HOW INJURY OCCURRED. (En	nter noture of injury in Port	1 or Part II of item 18.)		
	DEATH. Car W	ent off road	& hit tel	ephone pole	& turne	ed over
20c. TIME C	OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(Caunty)	(State)
5 500	0 m. 2/1/ 19 58 While		ry, street, office bldg., etc. te Route 2	35 Californi	a St Man	erric Ma
	tify that I took charge of the r					
	sulted from: Notural couses	77	ide , Homicide			and mid me
1000	- 0 0		, Homeide	, onderermines o	.0030 [_].	
ACTUAL	Mal Alla	1	CHIEF MEDICAL EX	AMINED [7]		DATE SIGNED
SIGNATUR	E DIMPIS	The	ASSISTANT MEDICAL EX			
EXAMINER NAME (Typ	William D. Boy	rd M.D.	DEPUTY MEDICAL		2/1/	518
22a. BURIAL, CR		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county)	(State)
Burial	(pecify) 2/5/58	St. John's		Hollywood,	Mary.	land
	RECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE	E
W.Clan	rke Mattingley Le	eonardtown, I	Md. DATE	8 5 '58 July	resuch	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2398 1. PLACE OF DEATH o. COUNTY MARYIS b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN Pe RURAL and give nearest town) LEONARDTOWN d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ST. MARY S HOSPITA MARY'S HOSPITAL NAME OF First Middle BABY (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX MALE COLORED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) death.

16. SOCIAL SECURITY NO.

20b. DESCRIBE HOW INJURY OCCU

Not while at work at wark

22c. NAME OF CEMETER

ADDRESS

ST. ALOYSIUS

20d. INJURY OCCURRED

M.D.

JOSEPH HOWARD MILES

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Doy, Year

21. I certify that I attended the deceased fram.

JOSEPH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

GILL

MATTINGLEY.

1S. WAS DECEASED EVER IN U. S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY Month,

Hour o. m

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ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

C	ATE OF DEATH	1		Reg. D	ist. No	.02	390
D	2. USUAL RESIDENCE (Who o. STATE MARYLA)	AD see qecease	d lived. If institution b. COUNTY	ST		ARY 1	
Ь	c. CITY OR TOWN (If or	enue	rote limits, write Ri	URAL and	give ne	prest low	n)
	d. STREET ADDRESS					•. IS RES	FARM?
	MILES	4. DATE OF DEATH	Mont FE		Do		Yeor 1958
]	8. DATE OF BIRTH FEB, \$,1958	8	9. AGE (In years lost birthday) yrs.	Months Months	R I YEAR Doys	Hours	Mi5
DU	STRY 11. BIRTHPLACE (SIO10 C		ountry)	12. C		S. A	COUNTRY?
	14. MOTHER'S MAIDEN N		ABETH MA	DDO.	X		
	nformant OSEPH H O WAR!	D MII	LES A	VEN	UE		
1					INT	ERVAL BE SET AND 25 H	DEATH
Se	prostur of	flou	nto				
	0	1					
BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFO	AUTOPSY ORMED?
RRE	D. (Enter noture of injury in P	ort I or Por	t II of item 18.)				
PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City	or town)		(County)		(State)
-	19 (Q) ta	450	J 195	Chat I	last se	aw the	deceased
ath	M.D. Leve	ADDRESS (S	n the causes a treet, city or lown.		the da	te state	ed abave. ATE SIGNED
Y C	R CREMATORY	22d. LOCA	TION (City, town, c	or county)		(Stot	(e)

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

13. FATHER'S NAME

MEDICAL

Poge director

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TO FUNERA

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TO HOSPITAL

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requires that the death certificate be

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220. BURIAL, CREMATION, 22b. DATE THEREOF

24b REGISTRAR'S SIGNATURE

LEONARDTON,

240. REC'D BY REGISTRAR

MD # 50 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BACHMORE, 18

CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH -EALTIMORE, 18

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VS A15 (4)

ofter death.

CERTIFICATE OF DEATH 2400 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Maryland b. COUNTY St. Marvs St. Marys MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Loveville Loveville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Rural YES NO NO Rura 4. DATE NAME OF First Middle Month Yeor DECEASED February 58 Price DEATH (Type or print) Young Annie 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T Days colored WIDOWED TO 1.878 DIVORCED T female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Domestic Maryland housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgianna Parr James Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO Gertrude Young- Loveville, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m of work at work ,that I last saw the deceased 21. I certify that attended the deceased from that death accurred at..... __M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED Mechanicsville, ACTUAL Guyther, PHYSICIAN'S Roy NAME (TYPE 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Md. Joseph Cemetery Morganza, Burial 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Robinson - Leonardtown

OF DEATH	CERTIFICATE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director. ord : should be filed with may be retained by the hospital or attending physician.

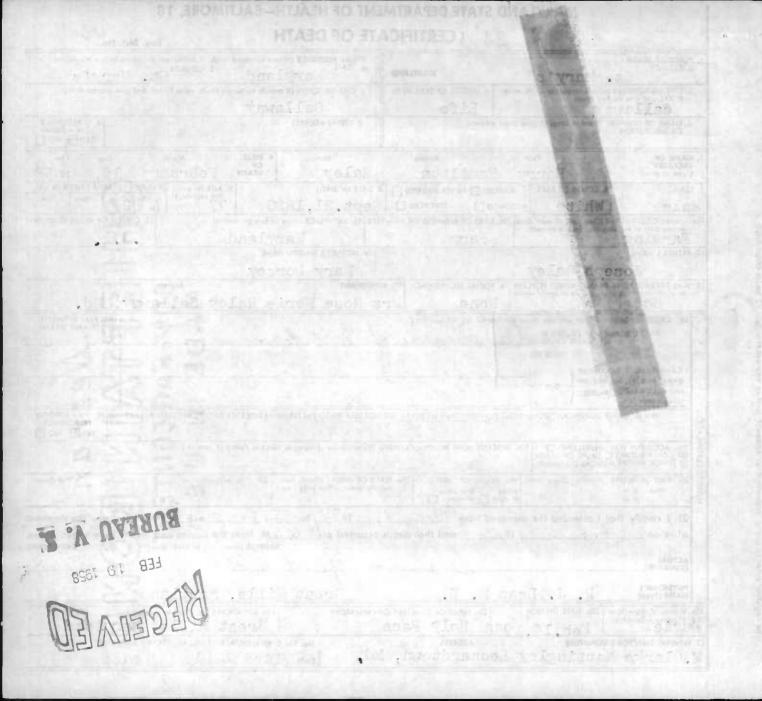
TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled page 3 show be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior ta burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9481 CERTIFICATE OF DEATH

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4	A O I CEKINIC	ALL OF BEATT		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY St. Mary 1 s	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Mary)	here deceased lived. If institution b. COUNTY	St. Mary's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CALLAWAY	Life	c. CITY OR TOWN (IF a	outside carporote limits, write RU RWAV	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES TO D
3. NAME OF First OTCEASED (Type or print) Harry	Middle Hamilton	Raley	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH Sept.21,188	lost birthday)	Months 2978 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	KIND OF BUSINESS OR INDU		or foreign country) ryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Joseph Raley			rsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war ar dates of service]		nformant 's Rose Mari	ie Raley Cal	Laway, Md.
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last.		Fup as	7	Jan San San San San San San San San San S
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. 19 While at wo	Not while fa	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the decearative an	sed fram lung ! and that death Mean	n accurred at 12:30		that I last saw the decease and an the date stated above state) DATE SIGNE 1010)
PHYSICIAN'S P. J. Bean			Mills, Maryla	
Burial, CREMATION, 226. DATE THEREOF Feb. 18.19	200. NAME OF CEMETERY OF HOLY Face		Great Mills	or county) (State) s, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE W.Clarke Mattingley L	eonardtown,	Md	D BY REGISTRAR 245 REGISTER 1 9 '58	STRAR'S SIGNATURE

VS A15 (4) 15M 9/55



VS. A15ME(S) 5M 9/SS

	MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	BALTIMO	RE, 18
2402	MEDICA	AL EX	AMINER'S	CERTI	FICATE	OF DEAT	H

Reg. Dist. No. 12394

PLACE OF DEATH a. COUNTY		ESIDENCE (Where deceased		sidence before admission)
St. Mary's	MARYLAND 0. STATE	Pennsylvania	b. COUNTY A	llegheny $\sqrt{}$
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16 c. CITY	OR TOWN (If outside corpor	ale limits, write RURAL	and give nearest lawn)
Rural Valley Lee 10 mc		Pittsburgh		75 x - 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	al address) d. STREE	T ADDRESS		e. IS RESIDENCE ON A FARM?
		5143 Broad St	reet	YES NO
3. NAME OF First M	Niddle L	ast 4. DATE	Manth	Day Year
(Type or print)	rick SETHMAN	DEATH	February	22 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER			AGE (In years IFUND	ER TYEAR IF UNDER 24 HRS.
Male Gaucasian WIDOWED DIV	ORCED Dec. 3	0. 1939	18 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN			ntry) 12. C	TIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Mariner U.S. Navy	Oh	io	0.20	USA
13. FATHER'S NAME		'S MAIDEN NAME		
(Deceased)	He	len (last nam	e unobtaina	able)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR				. U. S. Naval
Yes 1/57 to 2/58 194 30 6		ion. Patuxent		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and		Ton, Tacuxen	JICTAGE & LIGHT	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o) ASPHYXI	VILON			Few minutes
8 d + X DUE TO				
Conditions, if any, which gove rise to immediate cause				
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED	O THE TERMINALDISEASE C	ONDITION GIVEN IN P	PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				YES 🔣 NO 🗌
E PRIMART LI OF CONTRIBUTING DE	OCCURRED. (Enter noture of			
1 Mulo accide	nt, man thrown			nder it.
	RRED 20e. PLACE OF INJURY	ce bidg., etc.) !		County) (State)
11:30p. m. Feb. 22 1958 While of work of work		Valley	Lee, St. Man	ry's, Maryland
21. I certify that I taok charge of the remains des		n Autapsy , Ins	pectian x, Inqu	uiry , and find that
death resulted from Natural eauses . Accide		Hamicide , Und		
V. 13. NoveTSBy	X7 14C.	. 2.		
ACTUAL I. B. KORETSKY, LT MY US	SNR, USNAS, Pat	MEDICAL EXAMINER 1	na.	DATE SIGNED
200	^	ANT MEDICAL EXAMINER		
EXAMINER'S NAME (Type) Wm. D. BOYD. M.D.	DEPU'	Y MEDICAL EXAMINER	25]	February 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATORY	22d. LOCATIO	N (City, town, or county	
Burial 2/28/58 Calve:	ry	Pittsb	urg,	Penna.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC'D BY REGISTRA		SIGNATURE
W. Clarke Mattingley Leonardt	bwn, Md.	DATE FEB 2 7 '58	Roof.	-1
		13,112	- Lune	uch.

MARYLAND STATE OFFICENCY OF HEALTH—BALTIMORE, TB MEDICAL EN AMINER'S CERTIFICATE OF DEATH

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, a	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	2395				
M	1. PLACE OF DEATH o. COUNTY AT Many MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before on STATE Mel b. COUNTY AT M	admission)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give necessary) compton	arest lown)				
00		ON A FARM? YES A NO				
	3. NAME OF DECEASED (Type or print) First Baby Middle Thomas OF DEATH February 17	Year 1958				
	WIDOWED DIVORCED 1 / 20 //, / 3	F UNDER 24 HRS.				
	during most of working life, even if retired) Md	SA				
	13. FATHER'S NAME Providence Ignation Thomas 14. Mother's Maiden NAME May Louis Butler	2				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Lucille Sommervell — Cles	net h				
	ONSET,	AL BETWEEN AND DEATH LO MU				
/	Conditions, if any, which) (b)					
	gave rise to immediate couse (a), stating the underlying couse lost. DUE TO (c)					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.					
	CAUSE OF DEATH. DABY WAS BORTO DORTOS SINCIL STORM C ATTENDED	and Einsecr				
18	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a.m. FED 171958 at work of work of work of While at work of work of work of the state of t	IRYS M				
	21. I certify that I took charge of the remoins described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined couse	ond find tho				
. 7	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED				
remaval	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1	24 58				
0 70	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY COMPTON 22d. LOCATION (City, Iown, or county) COMPTON	(State)				
5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAMILY OF DECEASED DATE MAR 3 158 CISCOMMAN CONTROL OF THE CONTROL	1				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 112396 **CERTIFICATE OF DEATH** Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND Marys Mary and Marira Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) plan Leonardtown Oak lev d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION rural Rural YES NO NAME OF Middle Last 4. DATE Month Day Year filled DECEASED (Type or print) THOMAS DEATH LYNCH February 19 58 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months DIVORCED [male WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) farming farm owner Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry A. Wood Martha 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Wood - Leonardtown. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Q. f). Not while of work of work 19 5 That I last saw the deceased 21. I certify that I attended the deceased from alive on M, from the causes and on the date stated above.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Sacred Heart Cem.

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Bushwood.

Chaptico

24a, REC'D BY REGISTRAR

DATE FEB 2 8 '58

DATE SIGNED

HOSPITAL 0 VS A15 (4)

ACTUAL SIGNATURE_ PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

58

Robinson - Leonardtown

death.

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